Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		IL6005268	B. WING		C 09/08/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE	1 05/06/2015
LEBAN	ON TERRACE	221 EAS	T THIRD STI N, IL 62254	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
Z 000	COMMENTS		Z 000		
	Statement of Licens	sure Violations	And the second s		* American
	IRI of 08/12/15/IL79 IRI of 08/12/15/IL79				
Z9999	FINDINGS		Z9999		office and the second s
	1of 2)Licensure Viol. 350.1060e) 350.1210 350.1220j) 350.1230b)7) 350.1230d)1) 350.1230d)2) 350.3240a	ations			
	Services e) An appropriate, ef program that manage be developed and imaggressive or self-ab	fective and individualized es residents' behaviors shall uplemented for residents with busive behavior. Adequate, supervised staff shall be er these programs.			
	maintain each reside	alth Services ide all services necessary to nt in good physical health. de, but are not limited to, the		Attachment	A
	of any accident, injury condition that threater welfare of a resident, the presence of incipi	ysician Services tify the resident's physician r, or change in a resident's ns the health, safety or including, but not limited to, ent or manifest decubitus s or gain of five percent or		Statement of Licensure	Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/29/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING		COM	PLETED	
		IL6005268	B. WING		•	C 08/2015	
NΑ	ME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		······································	
LE	BANON TERRACE		T THIRD STR				
			N, IL 62254				
P	REFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
2	Z9999 Continued From pa	ge 1	Z999 9				
	more within a period	d of 30 days	The same same same same same same same sam			The state of the s	
		•					
	Section 350.1230 N	ursing Services					
	o) Residents shall b	e provided with nursing ince with their needs, which					
	shall include, but are	e not limited to, the following:					
	The DON shall parti	cipate in:	A A A A A A A A A A A A A A A A A A A				
	7) Modification of the	e resident care plan, in terms					
	of the resident's dail	y needs, as needed.	de la company de				
	d) Direct care perso	nnel shall be trained in, but				7	
	are not limited to, the	e following:					
	Detecting signs or maladaptive behavior	f illness, dysfunction or					
	nursing or psychoso	or that warrant medical,					
	Basic skills require	ed to meet the health needs		•			
	and problems of the	residents.					
			d)——papellas		200		
	Section 350.3240 Ab	ouse and Neglect					
	a) An owner, license	e, administrator, employee or					
	agent of a facility sha	all not abuse or neglect a					
	resident. (Section 2-	107 of the Act)	What is a second				
	These requirements	were not met as evidenced	2			1	
	by:		our romanies and				
	1a) Based on observ	ation, interview, and record	Volume de la constante de la c		i i		
	Abuse Neglect & Mi	ed to ensure their policy on streatment and Behavioral					
	Supports were follow	ed for 1 of 3 individuals,			THE PARTY OF THE		
	inside sample (R1) w	ho was physically restrained					
	to administer eye dro	ps following eve surgery on					
	When staff implement	resulted in injuries to R1 ed non-authorized restraint	delines of party and party		- copic states		
	while administering e	ye drop medications.					
	1b) Based on interview	w and record review, the	Premium and the Control of the Contr				
	investigation was con-	evidence that a thorough ducted for 1 of 3 individuals			:		
	inside sample (R1), w	ho had unknown injuries	We do not not not not not not not not not no				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED C B. WING IL6005268 09/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET LEBANON TERRACE LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY Z9999 Continued From page 2 Z9999 including red areas, scratches, and bruising. Findings Include: 1a) The 02/18/15 'Person Centered Plan' (PCP), identifies R1 as an individual who function in the Severe range of Individuals with Intellectual Disabilities (IID). Additional diagnoses include: Bipolar Disorder; Stereotypic Movement Disorder; and Attention-Deficit Hyperactive Disorder. The PCP documents R1's maladaptive behaviors as: Physical aggression (pushing, hitting, and swatting both staff and peers); inappropriate emotional outbursts, and Self Injurious Behaviors (SIB). The 08/13/15 facility 'Statement for Injury of Unknown Origin' for R1, and signed by E4, Licensed Practical Nurse (LPN) documents: 2. Did the injured person have any type of accident or incident that could have resulted in this injury (,) a fall, etc? ... "R1 is on eye drops (,) hands have to be held to try to administer drops (and) hand placed on shoulder to steady R1 (.) also R1 is very hyperactive trying to get out the doors of facility." ... 5. Attempt to date the injury: Does the area look fresh? Is there fresh blood or has a scab formed? If the injury is a bruise, what color is it (Yellow. Green, Purple)? ... "2 red marks to inner L (left) wrist approx (approximate) 1 cm (centimeter) + (and) 2 cm 1 purplish blue bruise approx 3 cm; 2

wrist approx 3 cm; (4.) red scratch mark to upper Illinois Department of Public Health

and 2nd is 7 cm." ..

red scratch marks no open area noted 1 is 3 cm

6. Note the size and location of the injury? ... "(1.) red mark inner L wrist approx 1 cm; (2.) red mark inner L wrist approx 2 cm; (3.) bruise to L inner

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEBANON TERRACE

221 EAST THIRD STREET LEBANON, IL 62254

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFI (EACH DEFICIENCY MUST BE PRECE REGULATORY OR LSC IDENTIFYING I	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 3		Z9999		
	back R (right) shoulder area appr (5.) red scratch mark to upper bac area approx 7 cm in length."	ox 3 cm length; ck R shoulder			
	The facility Nursing Notes have no documented for R1 since 07/15/1	o entries 5.			
	On 08/21/15 at 4:50 PM in the factorized Direct Staff Figure 3 was observed administering eye of while E3, ADSP, restrained R1 by R1's hands on R1's thighs.	Person, (ADSP), frops to R1			
	On 08/21/15 at 3:56 PM; E3, Auth Staff Person (ADSP) was interview confirmed that E3 has administere R1. E3 stated R1 would have to held by another employee. E3 den trained to hold R1's hands for med administration.	wed. E3 ed eye drops to lave both hands lied being			
HE HE THE THE PARTY AND A STATE OF THE	On 08/21/15 at 3:36 PM E5, ADSF interviewed. E5 confirmed that E5 administered eye drops to R1 and have to have both hands restricted employee. E5 denied being trained hands for medication administratio	has that R1 would by another I to hold R1's			
	On 08/21/15 at 3:22 PM E6, ADSP interviewed. E6 confirmed that E6 administered eye drops to R1 and thave to have both hands held on R another employee. E6 denied being hold R1's hands for medication administration.	that R1 would 11's thighs by			
3	On 08/21/15 at 3:02 PM E7, ADSP nterviewed. E7 confirmed that E7 administered eye drops to R1 and talways have to have both hands he employee. E7 denied being trained	has hat R1 would ld by another			

PRINTED: 11/16/2015

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6005268 B. WING 09/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET **LEBANON TERRACE** LEBANON, IL 62254 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) Z9999 Continued From page 4 Z9999 hands for medication administration. On 08/21/15 at 4:10 PM E2, Qualified Intellectual Disabilities Professional, (QIDP) was interviewed. E2 confirmed that: 1) The facility had not received R1's guardian's approval for the physical hold of R1 during eye drops administration four time daily since 07/28/15. 2) The facility had not secured a physician's order for R1's restraint prior to implementing physical holds on R1 during eye drops administration four times daily since 07/28/15. 3) The facility had not updated R1's PCP to include R1s maladaptive behavior during eye drops administration four times daily since 07/28/15. 4) The facility had not developed a behavior program for R1's behavior prior to implementing physical holds on R1 during eye drops administration four times daily since 07/28/15. 5) The facility's Specially Constituted Committee had not been informed of nor approved to the physical hold of R1 during eye drops administration four times daily since 07/28/15. 6) Direct care staff were not instructed nor trained in a program to use least restrictive measures prior to implementing a physical hold on R1 during eye drops administration four times daily since 07/28/15. 7) The facility failed to obtain data regarding R1's physical restraints during eye drop medication administration for review by the facility's Specially Constituted Committee. The facility Policy and procedures document: "3.000 Definitions ... "Abuse - The ill-treatment, violation... and/or

purposeful, or due to carelessness...with the Illinois Department of Public Health

otherwise disregard of an individual, whether

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PRINTED: 11/16/2015 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6005268 B. WING . 09/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET LEBANON TERRACE LEBANON, IL 62254 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY Z9999 Continued From page 5 Z9999 intent of inflecting any harm to an individual ... Mistreatment - Any act of failure to act which results in an individual being exploited or subject to humiliation, degradation, or unnecessary fear. Neglect - The term "neglect" is defined ... (A) the failure of a caregiver or fiduciary to provide the the goods or services that are * necessary to maintain the health or safety... (B) self-neglect... as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." The facility Procedure titled: '6.101 Behavior Support Philosophy Procedure' documents: "4. The Behavior Support Committee and the Human Rights Committee shall address and approve al Behavior Support Plans and/or Behavior Guidelines, dated 07/01/14." The facility procedure titled: '6.102 Behavior Support System Overview Procedure' documents: "14. The QDDP (Qualified Intellectual Disabilities Professional) shall ensure that procedures defined as restrictive shall be subject to review by a Human Rights Committee." 1b) The facility work schedule, from 08/09/15 to date of injury 08/12/15, documents that 14 employees had been scheduled to work. The facility was unable to reproduce evidence that E5, Direct Care Staff (DSP); E6 (DSP); E7 (DSP); E8, Cook; E9 (DSP); E10 (DSP); E11 (DSP); E12 (DSP), or E13 (DSP) were interviewed regarding the injuries of unknown origin to R1 on 08/12/15. On 08/21/15 at 12:55 PM E2, Qualified Intellectual Disabilities Professional (QIDP) was interviewed. E2 confirmed that she did not obtain

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		IL6005268	B. WING		09/	C 08/2015	
	PROVIDER OR SUPPLIER	221 EAST	DDRESS, CITY, T THIRD STF N, IL 62254	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
	(B) 2 of 2) Licensure Viol 350.1060e) 350.1210 350.1230b)7) 350.1230d)1) 350.1230d)2) 350.3240a Section 350.1060 Tr Services e) An appropriate, ef program that manag be developed and imaggressive or self-abproperly trained and available to administration Section 350.1210 He The facility shall proving maintain each reside These services included following: Section 350.1230 Nub) Residents shall be services, in accordant shall include, but are The DON shall particition.	aining and Habilitation fective and individualized es residents' behaviors shall aplemented for residents with pusive behavior. Adequate, supervised staff shall be er these programs. Falth Services ride all services necessary to not in good physical health, de, but are not limited to, the resident with nursing ce with their needs, which not limited to, the following: spate in: resident care plan, in terms needs, as needed.	Z9999				
	a) An owner, licensee	, administrator, employee or loot abuse or neglect a	de (en enwerkâniezză), a. b. a.				

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